

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016045

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2322

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 year	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 336 West 36 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elizabeth Middle T. Last Gestring			4. DATE OF DEATH Month April Day 16 Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-1-1893
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Schools	11. BIRTHPLACE (City and state or country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME John T. Toland	
13b. MOTHER'S MAIDEN NAME Elizabeth Bates		14. NAME OF HUSBAND OR WIFE Hugh A. Gestring	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. T. M. Finn, 114th Drive, St. Albans		Address N. Y. Albans	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause (c) last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 10 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month: _____ Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from 3/17/63 to 4/16/63 and last saw her alive on 4/16/63 . Death occurred at 8 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Brigham J. Gehl (Degree or title)		22b. ADDRESS 7546 Troost	22c. DATE SIGNED 4/17/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-20-63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) Kansas City, Missouri
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home ADDRESS 1800 East Linwood, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 4-18-63	26. REGISTRAR'S SIGNATURE Ruth Long

VS 300 Rev. 4/59
1
2 **34882**
3
4 **1**
5 **2**
6
7 **1**
8 **2**
9 **170X**
10
11
12 **65-0**
13

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Bika
751 E. 63 (Em 3-2252)

28748

1
2
1
3

0-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.